

# Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

COVER PAGE - LONG FORM

CALIFORNIA  
FORM **460**

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For Official Use Only

**ORIGINAL**

Statement covers period

from 01/01/2002

through 01/19/2002

Date of Election if applicable:

(Month, Day, Year)

03/05/2002

Date Stamp

**FILED**  
JAN 28 2002  
CLERK OF SUPERIOR COURT  
COUNTY OF LOS ANGELES  
CLERK

## 1. Type of Recipient Committee:

☒ Officeholder, Candidate  
Controlled Committee

☐ Primarily Formed Candidate/  
Officeholder Committee

☐ Ballot Measure Committee  
☐ Primarily Formed  
☐ Controlled  
☐ Sponsored

☐ General Purpose Committee  
☐ Sponsored  
☐ Broad Based

## 2. Type of Statement:

☒ Pre-election Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)

☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Pre-election  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
1234010

COMMITTEE NAME

Committee to Elect Bill Habermehl

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

Corliss Delameter

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Recipient Committee  
Campaign Statement  
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COVER PAGE - PART 2

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4. Officeholder or Candidate Controlled Committee 5. Ballot Measure Committee

NAME OF OFFICEHOLDER OR CANDIDATE

William M. Habermehl

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Superintendent of Schools, District n/a

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

**Related Committees Not Included in this Statement:** List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

6. Primarily Formed Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/23/02  
DATE

By Corina Delamater  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/23/02  
DATE

By William M. Habermehl  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Campaign Disclosure Statement  
Summary Page**

SUMMARY PAGE

Statement covers period

from 01/01/2002

through 01/19/2002

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NAME OF FILER William M. Habermehl, Committee to Elect Bill Habermehl

I.D. NUMBER

1234010

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 0.00	\$ 0.00
2. Loans Received ..... Schedule B, Line 7	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 0.00	\$ 0.00
4. Non-monetary Contributions ..... Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 0.00	\$ 0.00

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received ....	\$ 68,549	0
21. Expenditures Made .....	\$ 720	0

**Expenditures Made**

6. Cash Payments ..... Schedule E, Line 4	\$ 1,159.44	\$ 1,159.44
7. Loans Made ..... Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 1,159.44	\$ 1,159.44
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	(436.64)	0.00
10. Nonmonetary Adjustment ..... Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 722.80	\$ 1,159.44

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Exenditure Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 50,202.73
13. Cash Receipts ..... Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	500.00
15. Cash Payments ..... Column A, Line 8 above	1,159.44
16. <b>ENDING CASH BALANCE</b> ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 49,543.29

If this is a Termination Statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ 0.00
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents .....	\$ 0.00
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column C above	\$ 0.00

**Schedule E**  
**Payments Made**

SCHEDULE E

Statement covers period from 01/01/2002 through 01/19/2002	<b>CALIFORNIA FORM 460</b>
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NAME OF FILEE William M. Habermehl, Committee to Elect Bill Habermehl

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Corliss Delameter [REDACTED]	PRO			722.80
First USA [REDACTED]	MTG			436.64

**SUBTOTAL \$ 1,159.44**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 1,159.44
2. Unitemized payments made this period of under \$100.	\$ 0.00
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .... <b>TOTAL</b>	<b>\$ 1,159.44</b>

**Schedule F**  
**Accrued Expenses (Unpaid Bills)**

SCHEDULE F

Statement covers period from <u>01/01/2002</u> through <u>01/19/2002</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER William M. Habermehl, Committee to Elect Bill Habermehl

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
First USA [REDACTED]	MTG	436.64	0.00	436.64	0.00
<b>SUBTOTALS \$</b>		436.64 \$	0.00 \$	436.64 \$	0.00

**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for payments for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTAL** \$ 0.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTAL** \$ 436.64

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET** \$ (436.64)

**Schedule I**  
**Miscellaneous Increases to Cash**

SCHEDULE I

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NAME OF FILER <u>William M. Habermehl, Committee to Elect Bill Habermehl</u>	
I.D. NUMBER <u>1234010</u>	

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
01/09/2002	Citizens for Representative Government [REDACTED] [REDACTED] [REDACTED]	Cancelled slate	500.00

**SUBTOTAL \$ 500.00**

**Miscellaneous Increases to Cash Summary**

- |  |                               |
|--|-------------------------------|
| 1. Increases to cash of \$100 or more this period. ....  | \$ <u>500.00</u>              |
| 2. Increases to cash under \$100 this period.<br>(Do not itemize.) .....   | \$ <u>0.00</u>                |
| 3. Total of all interest received this period on loans made to others.<br>(Schedule H, Part II (b).) .....                           | \$ <u>0.00</u>                |
| 4. Total miscellaneous increases to cash this period.<br>(Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 15.) ..... | <b>TOTAL \$ <u>500.00</u></b> |